



PTO/SB/30 (10-01)

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/611,418
	Filing Date	June 30, 2003
	First Named Inventor	Dennis R. McKean
	Art Unit	1733
	Examiner Name	Christopher Schatz
	Attorney Docket Number	HSJ9-2003-0022US1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☒ Other 1 month extension of time

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Commissioner is hereby authorized to charge the following fees to Deposit Account No. 18-0580.
- i. ☐ RCE fee of \$790/395 required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☒ Charge any deficiencies of fees or credit any overpayments to Deposit Account 18-0580.
- b. ☒ Check in the amount of \$ 1060.00 enclosed
- i. ☒ RCE fee of \$790 as required under 37 CFR 1.17(e)
- ii. ☒ Extension of time fee (\$120 - One month request - Large Entity) (37 CFR 1.136 and 1.17)
- iii. ☒ Other Additional claim fee (3 additional dependent claims - \$150)
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791
Signature		Date	March 19, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Joe Clark	Date	March 19, 2007
Signature			

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